

## **Grievance Procedure**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA")/Section 504 of the Rehabilitation Act 1973 (Section 504). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Upland. The City's Personnel Policy governs employment-related complaints of disability discrimination.

The grievance should be in writing and contain information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. Written grievances should be signed by the grievant or his/her/their authorized representative. Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance, will be made available for persons with disabilities upon request.

The grievance should be submitted by the grievant and/or his/her/their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Theresa Doyle  
ADA Coordinator  
City of Upland  
460 N Euclid Avenue  
Upland, CA 91786

Phone: (909) 931-4376

Fax: (909) 931-4301

Email: [tdoyle@uplanda.gov](mailto:tdoyle@uplanda.gov)

TTY: California Relay at 7-1-1

Within 15 calendar days after receipt of the grievance, Theresa Doyle will contact the grievant to discuss the grievance and the possible resolutions. Within 15 calendar days of the discussion, Theresa Doyle will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of the City of Upland and offer options for substantive resolution of the grievance.

If the response by Theresa Doyle does not satisfactorily resolve the issue, the grievant and/or his/her/their designee may appeal the decision within 15 calendar days after receipt of the response to the Stephen Parker, Assistant City Manager.

Within 15 calendar days after receipt of the appeal, the Assistant City Manager will contact the grievant to discuss the grievance and possible resolutions. Within 15 calendar days after the discussion, the Assistant City Manager will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance.

All written grievances received by Theresa Doyle or appeals to the Assistant City Manager, and responses from these two offices will be retained by the City for at least three years.

**Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on the last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form.

**1. Complainant:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**2. Person Discriminated Against: (if other than the complainant):** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**3. Department or person which you believe has discriminated (if known):** \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

**4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:**

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**5. Have efforts been made to resolve this complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what efforts have been taken and what is the status of the grievance?

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**6.** Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**7.** Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**8.** Additional comments or information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

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ADA Coordinator  
City of Upland  
460 N Euclid Avenue  
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